Tobacco Control Services in Oxfordshire.

A report to the Health Improvement Partnership Board

1st May 2018

1.0 Purpose of the report
1.1 This report will give an overview of tobacco control services from a national perspective and also in the Oxfordshire population, the wider changing behaviours of smoking and local cessation services. The report will provide a summary of the activity of the public health team in relation to tobacco use in the past twelve months.

2.0 Introduction
2.1 Smoking is widely accepted as one of the most detrimental behaviours which can affect the health of an individual and increase the risk of suffering serious illness and premature death. In England there have been concerted efforts to reduce the number of smokers in the population through national policy and the increased education of the harm that smoking has on the health of smokers. Whilst there have been considerable reductions in the smoking population from 60% at the start of 1950s, still nearly one in six adults smoke (15.5%). However, while in England over 150,000 people stopped smoking in 2016/17, many still start using tobacco, nearly all of whom are in their teens or early twenties.

2.2 Cigarettes are the cause of death for about half of all long-term smokers and greatly contribute to increased morbidity in those who are long term smokers. Smoking causes conditions ranging from cancers, vascular disease to respiratory diseases and events such as heart attacks and strokes, dementias, rheumatoid arthritis and macular degeneration - the leading cause of sight loss in people aged over 50.

2.3 Nicotine is highly addictive and this is why it is difficult for smokers to quit. Whilst addictive nicotine is not the major cause of smoking related deaths, it is the other chemicals in tobacco which cause the harm to health.

"People smoke for nicotine but they die from the tar." Prof Michael Russell

2.4 About half of attempted quits are made without the use of Nicotine Replacement Therapy (NRT) or other aids. The use of NRT and licensed pharmacotherapy helps reduce the nicotine cravings that arise with stopping smoking. However, the likelihood of successfully quitting in the long term is increased through the use of Local Stop Smoking Services (LSSS) along with behavioural support.

3.0 Tobacco Control Plan for England 2017-22
3.1 Tobacco control is an umbrella term often used to describe the broad range of activities that aim to reduce smoking prevalence and/or reduce exposure to second-hand smoke and the morbidity and mortality it causes. In 2017 the Government published a new Tobacco Control Plan[1], to pave the way for a smoke free generation. Since the introduction of the last Tobacco Control Plan, smoking

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[1] Department of Health (2017) Towards a smoke-free generation: a tobacco control plan for England
https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

prevalence among adults in England has dropped from 20.2% to just 15.5%—the lowest level since records began.

3.2 The new Plan targets a further reduction in smoking rates, from 15.5% down to 12% by 2022, as the first step toward a generation of non-smokers—which will be achieved when smoking rates are 5% or below.

3.3 The Plan prioritises working with NHS organisations in reducing the rates of smoking in pregnancy, as well as addressing the huge variation in harm across England—which disproportionally falls on vulnerable communities, including patients with mental health conditions.

3.4 Effective tobacco control includes various national policies, overseen and implemented by central Government. However locally the Council, and other local stakeholders, have a responsibility alongside central Government to support the implementation of these to maximise their potential to reduce smoking prevalence rates. The new Tobacco Control Plan has the following actions directed towards local services.

3.5 *Stamping out inequality: smoke-free pregnancy*

The Department of Health wants to see:
- All CCGs, Trusts and Local Authorities fully implementing NICE Guidance including Smoking: stopping in pregnancy and after childbirth (PH26)[2] which recommends that all pregnant women are CO screened and those with elevated levels referred via an opt-out system for specialist support.
- Local areas - especially those with smoking in pregnancy prevalence above the national average - identifying local Smoke-free Pregnancy Champions to consider how prevalence can be reduced in their locality and lead action to achieve this.

3.6 LSSS
- Local Authorities to refocus support to quit with PHE support.
- Local areas developing their own tobacco control strategies, based on evidence-based guidance

3.7 Parity of esteem: supporting people with mental health conditions
- Commissioners and providers of the local health and social care system assessing the need of stop smoking support for people with mental health conditions and delivering targeted and effective interventions.
- NICE guidance PH48[3] and PH45[4] fully implemented in all mental health contexts. This will mean the full roll out of comprehensive smoke-free policies in all mental health units by 2018, as recommended in the 2016 Independent Mental Health Taskforce Report 'The Five Year Forward View for Mental Health'.[5]

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[2] NICE (2010) Smoking: Stopping in pregnancy and after childbirth https://www.nice.org.uk/guidance/ph26

[3] NICE (2013) Smoking: acure, maternity and mental health services. https://www.nice.org.uk/guidance/ph48

[4] NICE (2013) Smoking: harm reduction https://www.nice.org.uk/guidance/ph45

[5] Independent Mental Health Taskforce (2016) The Five Year Forward View for Mental Health https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

3.8 *A smoke-free NHS, leading by example*: Create and enable working environments which encourage smokers to quit.
- All employers making good use of information and momentum generated by national campaigns such as 'Stoptober' and regional campaigns to promote stopping smoking amongst their employees.

3.9 *A whole system approach:* Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.
- All health professionals engaging with smokers to promote quitting.
- All commissioners taking up the 2017-19 Commissioning for Quality and Innovation framework which includes tobacco as a national indicator for clinicians to undertake assessment and arrange for intervention where appropriate in relation to smoking status.
- All NHS hospitals fully implementing NICE PH48[6] guidance supporting cessation in secondary care.

3.10 *Local inequalities:* Eliminating health inequalities through targeting those populations where smoking rates remain high.
- Regions and individual local councils coming together to agree local ambitions around which collective action can be organised.
- Local health and wellbeing partners participating in 'CLeaR', an evidence-based improvement model that can assist in promoting local tobacco control activities.
- Local councils identifying the groups and areas with the highest smoking prevalence within their local communities and taking focused action aimed at making reductions in health inequalities caused by smoking in their population.

3.11 *Public awareness:* Use mass media campaigns to promote smoking cessation and raise awareness of the harms of smoking.
- Local areas working together to explore if regional and cross-regional approaches could offer a greater return on investment for stop smoking campaigns.

4.0 Smoking Data for Oxfordshire
4.1 The most recent data for smoking activity in Oxfordshire is provided in Figure 1 below. Overall the prevalence of smoking in the county is 11.9% which is better than the National Average. However, there are inequalities in smoking within the local population. Of most significant concern;
- 24.6% of Routine & Manual Workers Smoke
- 5.7% of 15-year olds are regular smokers (5.5% nationally)
  - 10.4% have recently tried smoking

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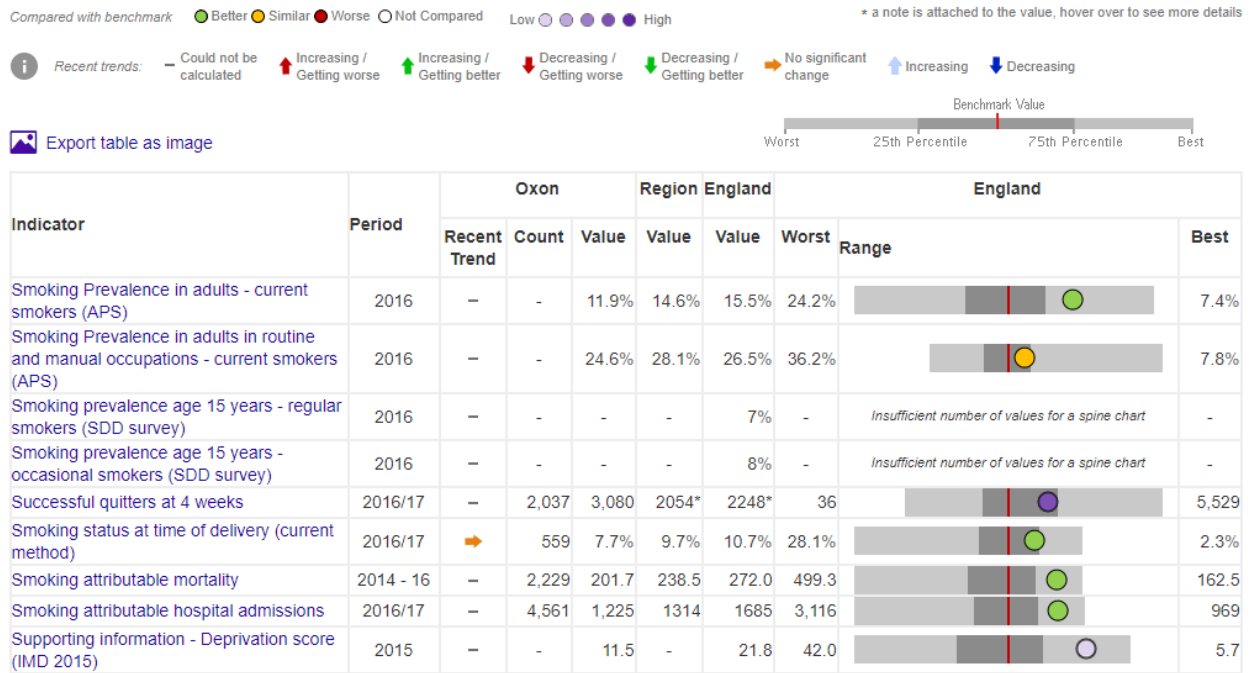| Indicator	Period	Oxon			Region	England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range			
Smoking Prevalence in adults - current smokers (APS)	2016	—	-	11.9%	14.6%	15.5%	24.2%				7.4%
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	—	-	24.6%	28.1%	26.5%	36.2%				7.8%
Smoking prevalence age 15 years - regular smokers (SDD survey)	2016	—	-	-	-	7%	-	*Insufficient number of values for a spine chart*			-
Smoking prevalence age 15 years - occasional smokers (SDD survey)	2016	—	-	-	-	8%	-	*Insufficient number of values for a spine chart*			-
Successful quitters at 4 weeks	2016/17	—	2,037	3,080	2054*	2248*	36				5,529
Smoking status at time of delivery (current method)	2016/17	→	559	7.7%	9.7%	10.7%	28.1%				2.3%
Smoking attributable mortality	2014 - 16	—	2,229	201.7	238.5	272.0	499.3				162.5
Smoking attributable hospital admissions	2016/17	—	4,561	1,225	1314	1685	3,116				969
Supporting information - Deprivation score (IMD 2015)	2015	—	-	11.5	-	21.8	42.0				5.7

Figure 1. Smoking Activity in Oxfordshire (Source PHE)

4.2 Smoking cessation activity has been recorded for several years as number of successful 4 week quits. This is a crude measure, makes benchmarking difficult, and is less effective in reflecting the number of successful quits in relation to the declining number of smokers. From 2016/17, a change was made to monitor activity by the rate of successful quitters per 100,000 smokers aged 18 or over. The rate achieved in 2016/17 was 2432. Details of 2017/18 Quarters 1-3 is provided in table 1 below. The data for Quarter 4 is currently unavailable at time of writing the report.

Indicator	Target	Q1	Q2	Q3
Rate of successful quitters per 100,000 smokers aged 18+ should exceed the baseline set in 2017-	2432	2159	2299	2337

Table1. Rate of successful quitters per 100,000 smokers in Q1-Q3 2017/18

5.0 Public Engagement

5.1 The activity observed over the past few years has shown a decrease in the number of recorded successful quits in stop smoking services nationally and locally as shown in figure 2 below.
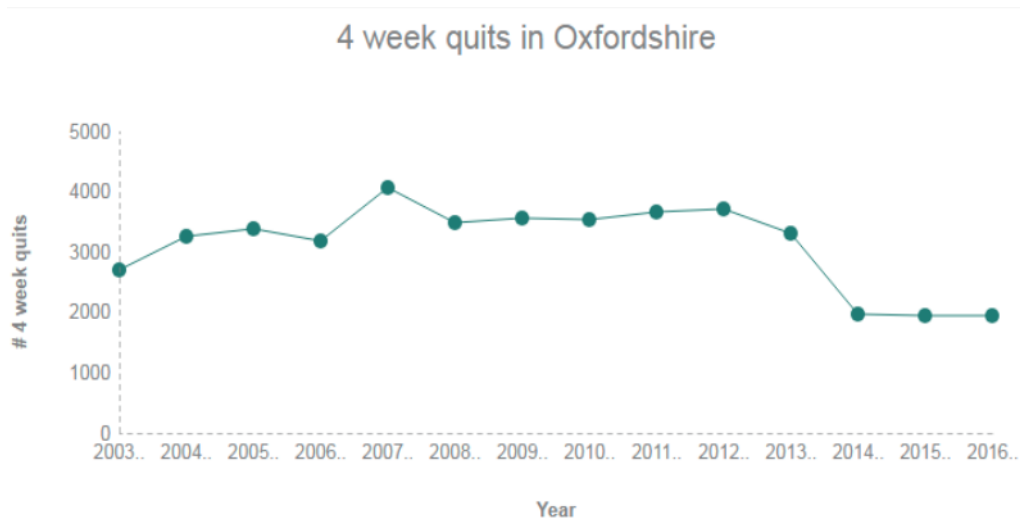

Figure2. Trends in 4 week quits 2003- 2016 (Source PHE)

5.2 Local data suggests that people are using GP and Pharmacy services less to successfully stop smoking and prefer to quit successfully using community based services or stop independently.

5.3 Financial evaluation of stop smoking services by commissioners has shown that the cost per quit is lower in community based services than in GP surgeries. Latest guidance and best practice recommends a whole community based approach to services which targets high priority groups whilst using tobacco control and prevention measures to target wider access and understanding of the benefits on not smoking.

5.4 Considering this the public health team conducted a pre- consultation engagement with local stakeholders in which participants expressed that nearly 8 out of 10 people would prefer to access services without having to access their GP surgery. Participants in the pre- consultation exercise also expressed that current services could be more accessible and that there was interest in expanding services to an online offer.

5.5 Based on the findings of the pre- consultation engagement exercise and the models of best practice and latest guidance, commissioners developed a range of options for future models of stop smoking services. The options for services are outlined in table 2.

5.6 The options opened to public consultation from 14th July- 17th August 2017. There were 189 responses to the consultation in which the respondents were asked which option they preferred (187 voted). 109 (58%) respondents selected option 3 as their preferred option and 60 (32%) selected option 1. Of those 60 who selected option 1, 36 (60%) were providers. Closer examination of comments made by respondents selecting option 1 was a concern about losing the opportunity to quit

smoking with a GP. In the consultation documentation it may not suitably reflected that whilst a change in model away from the GP based services was in line with best practice, the GP providers are still able to provide smoking cessation advice and support to their patients if the requested it.

Option 1	Recommission GP Practices and Community Pharmacies to provide Local Stop Smoking Service based on current provision. Exercise the extension clause of the existing Community Outreach Services until 31st March 2020. Maintain current wider tobacco control activity/investment (the 'Status Quo').
Option 2	Commission GP Practices and Community Pharmacies to provide Local Stop Smoking Service for anyone who wants to stop smoking only. This would not include any Community Outreach Services.
Option 3	Commission a combined service based on a model which would incorporate Local Stop Smoking Service with open access and referral to face to face services, targeted outreach for priority groups, an online/telephone offer and prevention education. Increase wider tobacco control activity/investment.
Option 4	Commission Service Provider/s to provide Local Stop Smoking Service that targets priority groups only on a Community Outreach basis only, offering to the wider community and target groups.
Option 5	Commission an online and telephone based Local Stop Smoking Service only.
Option 6	Commission prevention and education only, and have local people self-fund stopping smoking. No Local Stop Smoking Services.

Table 2. Options for smoking cessation services in 2017 consultation.

5.7 The findings of the consultation supported a change in the shape of LSSS from April 2018 to an evidence based model, with open access and referral to face to face services, targeted outreach for priority groups, an online/telephone offer and prevention education. Increase wider tobacco control activity/investment. More information on the consultation can be access on the County Council website at https://consultations.oxfordshire.gov.uk/consult.ti/OxonSSS/consultationHome .

6.0 New model of services
6.1 The trends in smoking quits, changing attitudes to accessing services and stopping smoking, changing NICE guidance and the new tobacco control strategy have all contributed to a strengthened case to remodel the delivery of tobacco control services in the county.

6.2 With the natural end in contracts for GP and Pharmacy services along with a break point in the community services contract, there was an opportunity for commissioners to remodel LSSS's to better meet changing need. A competitive tender process was held from September – December 2018 and a new contract was awarded to Solutions4Health Ltd. (trading as SmokefreeLife Oxfordshire) which commenced roll out of the new model from 1st April 2018.

6.3 The aims of the service are;

- 6.3.1 Prevent early death from smoking-related disease and improve quality of life, through delivering a Service that contributes to reducing the smoking prevalence in the geographical area covered by the Council.
- 6.3.2 Provide free access to quit support for all Oxfordshire's tobacco smokers, with focus on reducing inequalities in prevalence in priority groups, with the aspiration of them stopping for good.
- 6.3.3 To deliver the core business of delivering quit support using evidence-based interventions, whilst exploring new methodologies and innovative approaches, grounded in established theories from other appropriate sectors and professions.

6.4 The new service will achieve these aims by;

- 6.4.1 To provide an easily identifiable access point that is the "digital front door" of the service for potential service users and potential referral sources/personnel.
- 6.4.2 To work in partnership with a range of referral sources and /personnel to develop accessible and robust referral pathways and systems with specific focus on priority groups.
- 6.4.3 To promote, through a marketing and communications plan, the service to tobacco smokers. The marketing and communications plan will motivate tobacco smokers to quit and access the service for support with specific focus on priority groups.
- 6.4.4 Provide a range of appropriate training to clinical and non-clinical personnel that provides them with sufficient confidence, competencies and qualifications to an accredited standard relevant for either a referral source, or provision of Level 2 stop smoking support.
- 6.4.5 Provide a variety of evidenced-based intervention approaches that includes a combination of behavioural support for 6-12 weeks and access to licenced pharmacotherapy. This will meet the needs of service users and achieve service outcomes to help Service Users to stop smoking tobacco for at least four-weeks post setting a quit date and empower them to continue independently well beyond this time frame.
- 6.4.6 To proactively target the evidence-based interventions to increase access, motivate and support residents/employees from priority groups.
- 6.4.7 Provide appropriate support to other local providers that support smokers of tobacco to quit that are not under contract, ensuring they have the confidence and competencies to do so; such as Primary and Secondary Care settings where licensed pharmacotherapy is provided.

6.5 Commissioners are currently working with the provider to deliver the successful transition of services to the new model. An official launch of the new model of services will take place at the end of the summer. Details on how to access LSSS are available at https://www.smokefreelifeoxfordshire.co.uk/ .

6.6 In addition to the remodelling of LSSS, public health has also widened their tobacco control offer. A play called "Meet the Stinkers" has been piloted in 10 schools in the County. This play is aimed at children aged around 10 years of age and addresses the issues of tobacco use. The play has been delivered in March-April 2018 and has been well received by schools and the children who attended the

play. The public health team are currently evaluating the pilot of the play as part of planning for further tobacco control services in 2018/19.

7.0 Oxfordshire Tobacco Control Alliance
7.1 Smoking, the effects of second hand smoke and illicit tobacco use are primary causes of preventable death and illness in Oxfordshire. Tobacco use has substantial financial costs outside of health, costing the wider society in England more than £13.9 billion. This includes significant costs to Local Authorities such as costs from increased social care needs as a consequence of smoking tobacco. This cost to Oxfordshire is estimated at approximately £147.2m a year which equates to £2038 per smoker per year. A breakdown of some of the estimated costs is detailed in Figure 3 below.

Estimated cost of smoking in your area (£millions)

Category	Cost
Lost productivity (smoking breaks)	£57.44
Lost productivity (early deaths)	£42.33
Smoking-related disease (NHS)	£17.46
Smoking-related social care	£15.55
Lost productivity (sick days)	£10.26
Smoking-related fires	£3.13
Passive smoking	£1.05

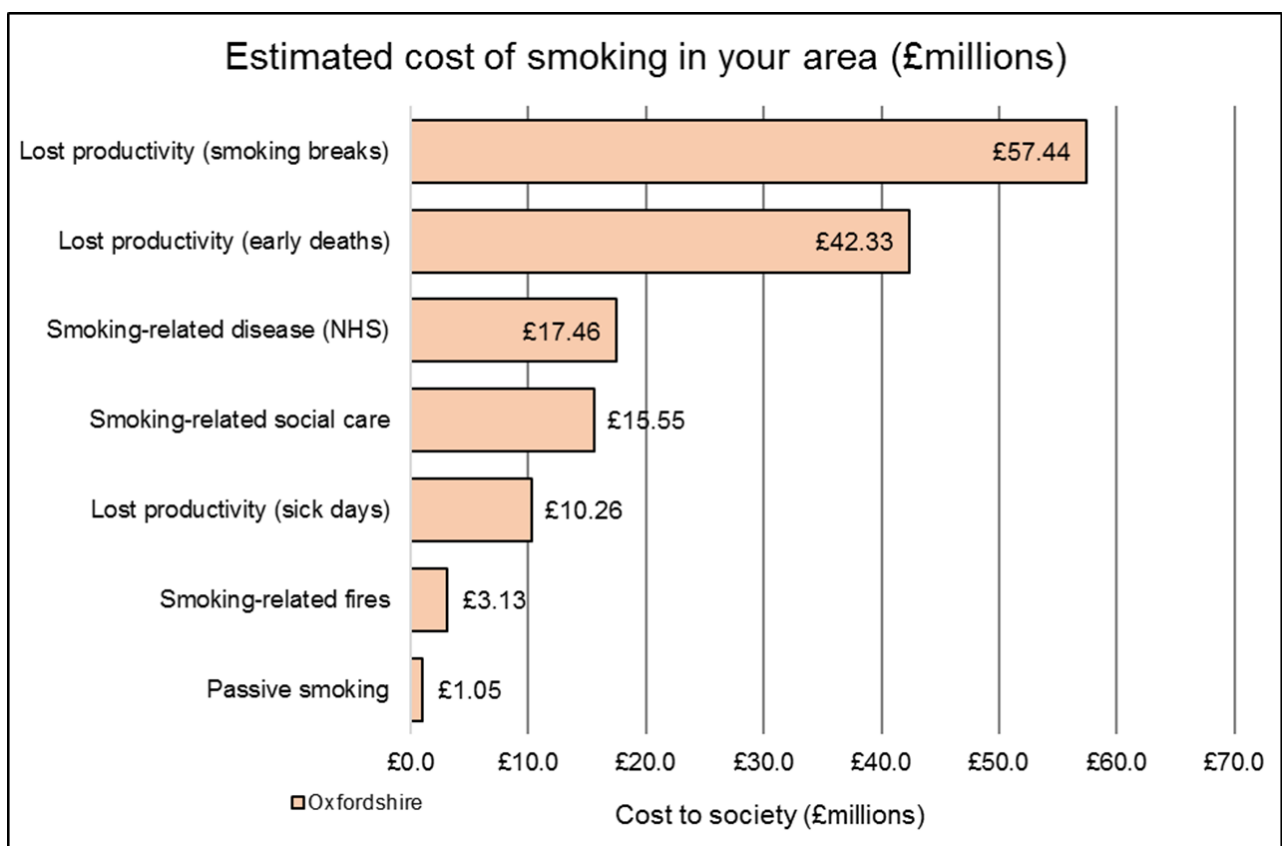□Oxfordshire   Cost to society (£millions)

Figure 3. Estimated societal cost of smoking in Oxfordshire (Source ASH ready reckoner)

7.2 Local stakeholders have a critical role in working collaboratively to achieve the ambitions of the national tobacco control plan and achieve a smoke free generation in Oxfordshire. To achieve this the Oxfordshire Tobacco Alliance has been established with its inaugural meeting on 11th April. This meeting was attended by a wide range of local stakeholders with the aim to:

- 7.2.1 provide a platform for partners to advocate, coordinate and monitor activities and projects that contribute to creating a healthier Oxfordshire.
- 7.2.2 serve as a forum for information exchange between partners.
- 7.2.3 Link with regional and national control networks

- 7.2.4 Commit resources to develop and implement local action plans

7.3 The initial meeting of the alliance was positive and there is a clear willingness for local partners to work collaboratively in reducing tobacco use locally. The group are planning to use a framework audit tool (CLeaR) developed by Public Health England to assess local tobacco control in Oxfordshire which will inform future work of the alliance.

8.0 Local Public Health Priorities for tobacco use in 2018/19
8.1 There has been significant activity by the public health team in the past year to redefine the delivery of services to address changing tobacco use in Oxfordshire. The team will be continuing to work on meeting the changing need through the following priorities:

- 8.1.1 Ensuring the successful transition of services to the new model of delivery.
- 8.1.2 Working with local partners to establish strong pathways into stop smoking services for priority groups in the community.
- 8.1.3 Ensuring that the newly established Oxfordshire Tobacco Control Alliance develops as a group to identify local issues and develop local ways of working collaboratively to address tobacco use.
- 8.1.4 Continue to monitor and assess local tobacco use and need, ensuring that the local services can adjust accordingly to meet any change in need.

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